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County: Juneau HERITAGE MANOR P. O. BOX 167 ELROY

Number of Residents on 12/31/01:

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53929 Phone: (608) 462-8491 Ownershi p: Corporati on Highest Level License: Skilled Operated from 1/1 To 12/31 Days of Operation: 365 Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/01): 80 Yes Total Licensed Bed Capacity (12/31/01): 80 Title 19 (Medicaid) Certified? Yes

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Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/01) %				
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	33. 3
Supp. Home Care-Personal Care	No					1 - 4 Years	38. 5
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.8	More Than 4 Years	28. 2
Day Services	No	Mental Illness (Org./Psy)	47. 4	65 - 74	3.8		
Respite Care	No	Mental Illness (Other)	6. 4	75 - 84	29. 5		100. 0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0. 0	85 - 94	52. 6	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	0.0	95 & 0ver	10. 3	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	2. 6	İ	j	Nursing Staff per 100 Re	
Home Delivered Meals	No	Fractures	2. 6		100.0	$(12/3\hat{1}/01)$	
Other Meals	No	Cardi ovascul ar	9.0	65 & 0ver	96. 2		
Transportation	No	Cerebrovascul ar	7. 7			RNs	11. 4
Referral Service	No	Di abetes	1. 3	Sex	% i	LPNs	0. 0
Other Services	No	Respi ratory	1. 3		i	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	21.8	Male	24.4	Ai des, & Orderlies	39. 2
Mentally Ill	No		i	Femal e	75.6		
Provide Day Programming for	i		100. 0		i		
Devel opmentally Disabled	No		*****	* * * * * * * * * * * * * * * * * * * *	100.0	. * * * * * * * * * * * * * * * * * * *	

Average Daily Census:

## Method of Reimbursement

		ledicare litle 18			edicaid itle 19		0ther		Pri vate Pay		Family Care			Managed Care						
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of s All
Int. Skilled Care	0	0.0	0	1	1. 7	115	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	1	1. 3
Skilled Care	2	100.0	219	57	96. 6	99	0	0.0	0	17	100.0	127	0	0.0	0	0	0.0	0	76	97. 4
Intermedi ate				1	1. 7	83	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1. 3
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	2	100.0		59	100.0		0	0.0		17	100.0		0	0.0		0	0.0		78	100. 0

County: Juneau HERITAGE MANOR

Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti ons	, Services, and	d Activities as of 1	2/31/01
Deaths During Reporting Period							
					edi ng		Total
Percent Admissions from:		Activities of	%		ance of	% Totally	Number of
Private Home/No Home Health	13. 3	Daily Living (ADL)	Independent	One Or	Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	0. 0	5	7. 7	42. 3	78
Other Nursing Homes	15. 0	Dressi ng	2. 6	6	6. 7	30. 8	78
Acute Care Hospitals	66. 7	Transferring	20. 5	5	3. 8	25. 6	78
Psych. HospMR/DD Facilities	3. 3	Toilet Use	7. 7	3	9. 7	52. 6	78
Reȟabilitation Hospitals	0.0	Eating	21. 8	5	7. 7	20. 5	78
Other Locations	1.7	********	******	******	*********	*************	******
Total Number of Admissions	60	Continence		% Sp	ecial Treatment	ts	%
Percent Discharges To:		Indwelling Or Externa	l Catheter		Receiving Respi		3. 8
Private Home/No Home Health	8. 2	Occ/Freq. Incontinent		82. 1	Recei vi ng Tracl	heostomy Care	0. 0
Private Home/With Home Health	9.8	Occ/Freq. Incontinent	of Bowel		Receiving Sucti		2. 6
Other Nursing Homes	9.8	•			Receiving Ostor		3. 8
	26. 2	Mobility			Receiving Tube		2. 6
Psych. HospMR/DD Facilities	4. 9	Physically Restrained	[			anically Altered Die	
Rehabilitation Hospitals	0. 0	j j			8	<i>y</i>	
Other Locations	0. 0	Skin Care		0t	her Resident Cl	haracteri sti cs	
	41. 0	With Pressure Sores			Have Advance Di		98. 7
Total Number of Discharges	0	With Rashes			di cati ons		
(Including Deaths)	61				Receiving Psych	hoactive Drugs	53. 8

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

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		Ownershi p:		Bed	Si ze:	Li c	ensure:			
	This Proprieta		pri etary	50	- 99	Ski	lled	Al I	l	
	Facility	Facility Peer Group		Peer	Group	Peer	Group	Facilities		
	%	% Ratio		%	% Ratio		Ratio	%	Rati o	
Occupancy Rate: Average Daily Census/Licensed Beds	98. 8	80. 3	1. 23	85. 1	1. 16	84. 4	1. 17	84. 6	1. 17	
Current Residents from In-County	56. 4	72. 7	0. 78	72. 2	0. 78	75. 4	0. 75	77. 0	0. 73	
Admissions from In-County, Still Residing	28. 3	18. 3	1. 54	20. 8	1. 36	22. 1	1. 28	20. 8	1. 36	
Admissions/Average Daily Census	75. 9	139. 0	0. 55	111. 7	0. 68	118. 1	0. 64	128. 9	0. 59	
Di scharges/Average Daily Census	77. 2	139. 3	0. 55	112. 2	0. 69	118. 3	0. 65	130. 0	0. 59	
Discharges To Private Residence/Average Daily Census	13. 9	58. 4	0. 24	42. 8	0. 33	46. 1	0. 30	52. 8	0. 26	
Residents Receiving Skilled Care	98. 7	91. 2	1. 08	91. 3	1. 08	91.6	1. 08	85. 3	1. 16	
Residents Aged 65 and Older	96. 2	96. 0	1. 00	93. 6	1. 03	94. 2	1. 02	87. 5	1. 10	
Title 19 (Medicaid) Funded Residents	75. 6	72. 1	1.05	67. 0	1. 13	69. 7	1.09	68. 7	1. 10	
Private Pay Funded Residents	21.8	18. 5	1. 17	23. 5	0. 93	21. 2	1. 03	22. 0	0. 99	
Developmentally Disabled Residents	0. 0	1.0	0.00	0. 9	0.00	0.8	0.00	7. 6	0.00	
Mentally Ill Residents	53. 8	36. 3	1. 48	41.0	1. 31	39. 5	1. 36	33. 8	1. 59	
General Medical Service Residents	21. 8	16.8	1. 30	16. 1	1. 36	16. 2	1. 34	19. 4	1. 12	
Impaired ADL (Mean)	62. 3	46.6	1. 34	48. 7	1. 28	48. 5	1. 28	49. 3	1. 26	
Psychological Problems	53. 8	47.8	1. 13	50. 2	1.07	50. 0	1.08	51. 9	1. 04	
Nursi ng Care Requi red (Mean)	8. 0	7. 1	1. 12	7. 3	1. 10	7. 0	1. 14	7. 3	1. 09	